

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD. 262 (REV 10/92)

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CLAIMANT'S NAME Ronald L. Diedrich		SSAN OR EMPLOYEE NUMBER* Employee number	DEPARTMENT Department of General Services	
POSITION Director	CBID Exempt	DIVISION OR BUREAU Executive Office		INDEX NUMBER
RESIDENCE ADDRESS Address on File		HEADQUARTERS ADDRESS 707 Third Street, 8th Floor		TELEPHONE NUMBER 916-376-5012
CITY	STATE CA	ZIP CODE	CITY West Sacramento	STATE CA
				ZIP CODE 95605

(1) MONTH/YEAR 1/2010		[3] LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS.	TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER			(B) TYPE USED SC / PC	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
14 Jan.	7:30	Residence to San Diego			10.00	18.00	6.00		PC,A, RC	18.00	42	21.00		73.00
15 Jan.	12:00	San Diego to Sacto		6.00										6.00
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COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$79.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Meet with Office of Administrative Hearings (OAH) staff in San Diego and Attend Work on 3rd Floor remodel of State Building.	(12) NORMAL WORK HOURS 8:00 - 5:00
	(13) PRIVATE VEHICLE LICENSE NUMBER 3SUA178
	(14) MILEAGE RATE CLAIMED \$0.50
	AGENCY ACCOUNTING OFFICE USE ONLY PAID REVOLVING FUND CHECK NUMBER
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	

CLAIMANT'S SIGNATURE 	DATE 02.04.2010	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 2/8/10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES 		(See Item 17 on reverse)	